



BCYF PERKINS HEALTHY GIRLS 101

Registration Form

PLEASE PRINT CLEARLY

Name: _____ Age: _____

Street Address: _____ Neighborhood: _____ Zip Code: _____

Organization/School: _____

Home Phone: _____ Cell Phone: _____ Email: _____

EMERGENCY CONTACT

In case of emergency please contact: _____ Phone: _____

Relationship to minor: _____

Allergies: _____

CONSENT

In consideration of my/my child's participation, I hereby waive and release any and all rights and claims for damages I may have against the City of Boston, Boston Centers for Youth & Families, and any and all other individuals or organizations associated with this program, for any and all damages or injuries suffered by the participant during the 2015 BCYF Healthy Girls 101 Series.

I attest that the applicant is sufficiently in condition for safe participation in this program. I give consent for my child to be administered first aid and to be treated by an emergency medical technician-paramedic, nurse or physician. Any follow up medical attention may be given at a local hospital and transportation to a Boston hospital is authorized. I hereby give consent for my child to be interviewed or photographed by the media and for Boston Centers for Youth & Families to use your/your child's photograph in its publications and press releases. I understand there is no transportation provided and it is my responsibility to drop off and pick up my child.

Signature of Participant: _____ Date: _____

Signature of Parent/ Guardian: _____ Date: _____

SESSIONS on SATURDAYS 12pm-2pm

Please check boxes that you will attend:

- | | |
|---|--|
| <input type="checkbox"/> March 7 -Healthy Relationships | <input type="checkbox"/> March 21 - Fresh Scents |
| <input type="checkbox"/> March 14 - Nutrition | <input type="checkbox"/> March 28 - Zumba |

Please return by Friday, February 27th

Michelle 617-635-5146 or fax 617-635-1280 (Monday-Friday 1p-9p)

email: michelle.brooks@boston.gov

Accessibility

